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Heart Failure and Cardiomyopathies

SEVERE BREATHLESSNESS AT REST IS NOT THE MOST IMPORTANT PRESENTATION OF ACUTE HEART FAILURE

Oral Contributions

Room 145 B

Sunday, March 30, 2014, 8:18 a.m.-8:36 a.m.

Session Title: Challenges in Acute Decompensated Heart Failure

Abstract Category: 12. Heart Failure and Cardiomyopathies: Clinical

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Authors: *Ahmad Shoaib, Xenophon Kassianides, M. Zuhair, Muhammad Waleed, Kevin Goode, Kenneth Wong, John Cleland, Andrew Clark, University of Hull, Kingston upon Hull, United Kingdom*

Background: Many assume that most patients admitted primarily for heart failure are severely breathless at rest but National Audit data (England and Wales) suggest that this is true for only 30%. This has important repercussions for both service and clinical trial design.

Methods: We conducted a retrospective case-note review in patients with a primary death or discharge diagnosis of heart failure to determine what proportions were Short Of Breath At Rest (SOBAR) or Comfortable At Rest but Breathless On Slight Exertion (CARBOSE). We collected blood pressure (BP) and heart (HR) and respiratory rate (RR) at initial presentation and frequently thereafter for the first 24 hours and tracked mortality for 180 days.

Results: Of 311 patients, the median age was 77 (IQR 71-84) years, 34% were women, 54 % were in atrial fibrillation and median NT-proBNP was 4082 (IQR: 1895-10279ng/L); 42% had SOBAR and 56% had CARBOSE. Compared to patients with CARBOSE, patients with SOBAR were of similar age (76 v 78 years;) but had higher HR (100 v 85bpm;), systolic BP (141 v 122mmHg;) and RR (24 v 18rpm). Vital readings changed little amongst patients with CARBOSE in the first 4-6 hours but changed markedly in those with SOBAR (141 to 128 mmHg, 100 to 90bpm, and 24 to 20 rpm at presentation and 4-6 hours respectively). At presentation, systolic BP was >125mmHg in 73% patients with SOBAR and 46% with CARBOSE, dropping to 52% and 37% respectively by 4-6 hours. By 180 days after presentation 27% of SOBAR and 45% of CARBOSE patients had died (HR 1.58, CI 1.08-2.29; p= 0.02).

Conclusion: CARBOSE is a common presentation of heart failure leading to admission. Although patients with SOBAR have more alarming initial symptoms and signs, patients with CARBOSE have a worse prognosis, perhaps reflecting more severe cardiac dysfunction. Clinical trials may exclude the neediest patients by focussing on breathlessness rather than peripheral congestion.